State of Arkansas AMENDED CORPORATION INCOME TAX RETURN AR1100CTX

FOR OFFICE USE ONLY

g Tax Year beginning / / and ending / /	T	
NAME	FEIN	
NUMBER AND STREET		
CITY, STATE, AND ZIP CODE	TELEPHONE NO.	
ENTER NAME AND ADDRESS USED ON ORIGINAL RETURN (If same as above, write "same")		

PART I (C) (A) (B) As Originally Reported Net Change Correct Amount or as Adjusted (Increase or Decrease -Explain in Part II) **INCOME** (Round to whole dollars) 1. Total Income (Line 15, AR1100CT) 2. Total Deductions (Line 27, AR1100CT) 3. Net Operating Losses (Line 29, AR1100CT)..... 4. Taxable Income (Line 1 less Lines 2 and 3) 5. Apportioned/Allocated Income (Sch. A, C4 AR1100CT, Page 2) 6. Tax (Line 31, AR1100CT) **PAYMENTS AND CREDITS** (Round to whole dollars) 7. Estimated Tax Payments (Include Estimate Credit Carryforward and Extension Payments) 8. Business and Incentive Tax Credits (Line 32, AR1100CT) 9. Tax Paid with (or after) Original Return 10. Total Payments and Credits (Add Lines 7 through 9) 11. Overpayment shown on Original Return or as Later Adjusted 12. Tax Due (Add Lines 6 and 11, Subtract Line 10). (Make check payable to "Department of Finance and Administration") 13. Interest on Tax Due (Refer to General Instructions on back) 14. Total Tax and Interest Due (Add Lines 12 and 13) 15. Overpayment (Line 10 less Lines 6 and 11) a. Amount applied to **Credit Carryforward** for Tax Year __1 _____1 _____. b. Issue **Refund** in Amount of (Line 15 less Line 15a) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statements and documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which **Please** preparer has any knowledge. Sign Signature of Officer Date Title Preparer's Signature Check if Preparer's FEIN/SSN/PIN **Paid** Self-Employed Preparer's Firm's Name (or yours, if self-employed) and Address **FEIN** May the Arkansas Revenue Agency discuss this return with Use the preparer shown to the left? Zip Code Only Yes

Mail completed form to: Corporation Income Tax. P. O. Box 919, Little Rock, AR 72203-0919

FORM AR1100CTX

	PART II
Explanation of Cha (Enter the Line reference	anges to Income, Deductions, Credits, etc. see from page 1 for which a change is reported, and give reason for each change. Attach supporting schedules.)
GENERAL I	INSTRUCTIONS
	Use Form AR1100CTX to correct Form AR1100CT as previously filed or adjusted. You may file an AR1100CTX only after the corporation has filed its original return. AR1100CTX must be filed within 3 years after the date the original return was due or 3 years after the date the corporation filed the original return, whichever is later, except in the case of an IRS audit. A completed copy of the Federal Amended return or IRS Revenue Agent's Report must be attached to Form AR1100CTX.
Requirements:	You must explain any changes to income, deductions, credits, etc. in Part II of Form AR1100CTX. To expedite processing of the

AR1100CTX you must attach any and all supporting schedules or documentation to support the changes made on the Amended Return. If multi-state, attach amended apportionment schedule. If consolidated, attach separate company schedule of changes.

Interest at 10% per annum will be computed on a daily rate of .00027397 from original due date, to date amended return is filed and the tax is paid. The original due date is the 15^{th} day of the 5^{th} month after the close of the tax year .

AR1100CTX Back (R 10/02)

Interest: